

## Enclosure 10: "STATE" EXAMINATION CHALLENGE REQUEST

**This request is for a challenge of a "lower" level examination.**

To be considered, this form must be completed with all required items attached. Incomplete forms will not be considered. Please **Print** or **Type**

\_\_\_\_\_  
Candidate's Name

\_\_\_\_\_  
Candidate's S.S.N.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Candidate's EMT Number

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Candidate's Daytime Phone #

I am ☐ **currently in** -or- ☐ **have completed** (*All Didactic portions of*) the following Intermediate / Paramedic course:

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Sponsor/Institution

***May only request to challenge your current level of certification.***

☐ I have, ☐ I have **NOT - due to state certification expiration (after course completion) prior to initial registry exam date**) attempted without success the following NR examination. (**Attach copy of exam results - practical & written for each exam attempt**)

☐ National Registry EMT-Intermediate Exam  
(EMT-Basic "state" challenge only)

☐ National Registry EMT-Paramedic Exam  
(Basic ☐ or Intermediate ☐ "state" challenge)

***Select only ONE of the above***

I have exhausted must standard two (3) attempts of the following "state" examination:

☐ SC "State" EMT-Intermediate Examination  
(EMT-Basic challenge only)

☐ SC "State" EMT-Paramedic Examination  
(☐ Basic or ☐ Intermediate challenge)

***Select only ONE of the above***

\_\_\_\_\_  
*Signature* of candidate

\_\_\_\_\_  
Date

\*\*\*\*\*DHEC USE ONLY\*\*\*\*\*

☐ Your request has been granted to challenge the following SC state certification examination. You will have the standard **three** (3) attempts at the following state EMT certification exam.

\_\_\_\_\_  
State Examination

\_\_\_\_\_  
Challenge Deadline

You must present this letter to the state examination representative and a completed *Certificate Application* card. You must complete the challenge prior to the deadline. Call (803) 545-4204 to arrange a testing date.

☐ Your request has been denied, see attached letter.

\_\_\_\_\_  
SC DHEC Division of EMS *Authorized Signature*

\_\_\_\_\_  
Date